PRISONERS AND PUBLIC AT HEALTH RISK

HON. CHARLES B. RANGEL

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 28, 2006

Mr. RANGEL. Mr. Speaker, I rise today to draw attention to an article from the June 8, 2006, Washington Times newspaper entitled ''Prisoners, Public at health risk'' reporting on the findings of the 21-member Commission on Safety and Abuse in America's prisons.

The article discusses the high rates of disease and illnesses among the inmates in the Nation's jails and prison and the subsequent threat this problem poses to communities outside of the prison's scope as inmates are released back into the communities.

Based on data gathered and reported by the Commission on Safety and Abuse in America's Prison, more than 1.5 million people are released from jails and prisons nationwide carrying life-threatening contagious diseases, and another 350,000 inmates have serious mental illnesses.

While this article and the report explores the prisons' inability to treat physical and mental illnesses it also examines prison overcrowding, violence and abuse. It addresses the impact of reduced funding for programming, a reduction which directly leads to inactivity and unproductiveness in our prisons. The report reveals that most correctional systems are set up to fail because they are charged with protecting public health and public safety, and reducing human suffering as they strive to care for the sick on a shoestring budget with very little support from the community health care providers and public health authorities.

Mr. Speaker: I enter this article into the RECORD to send a message that it is imperative that health officials and lawmakers realize that the issue of inadequate health care in our Nations' prisons has to be addressed and rectified sooner rather than later.

[From the Washington Times, June 8, 2006]

PRISONERS, PUBLIC AT HEALTH RISK

(By Jerry Seper)

High rates of disease and illness among inmates in the Nation's jails and prisons, coupled with inadequate funding for correctional health care, has put the Nation's 2.2 million prisoners at risk, along with corrections officers and the public, a report said yesterday.

Every year, according to a report by the 21-member Commission on Safety and Abuse in America's Prisons, more than 1.5 million people are released from jails and prisons nationwide carrying life-threatening contagious diseases, and another 350,000 inmates have serious mental illnesses.

''Protecting public health and public safety, reducing human suffering and limiting the financial cost of untreated illness depends on adequately funded, good quality correctional health care,'' the report said. ''Unfortunately, most correctional systems are set up to fail.

''They have to care for a sick population on shoestring budgets and with little support from community health-care providers and public health authorities,'' it said.

The commission, co-chaired by former Attorney General Nicholas de B. Katzenbach, is based on a lengthy investigation and hearings, which included testimony from corrections professionals, prison monitors and litigators, former prisoners, scholars and others. The inquiry focused on the ''crucial role of oversight and accountability'' in creating safe conditions in U.S. prisons and jails, and on the nature and prevalence of gang violence.

''The questions 'who's watching' and 'who's responsible' are at the beginning and end of dealing with all of the problems we've examined,'' Mr. Katzenbach said.

The report also concluded:

Violence remains a serious problem in the Nation's prisons and jails, with ''disturbing evidence'' of assaults and patterns of violence in some U.S. correctional facilities. It said corrections officers reported a near-constant fear of being assaulted, and prisoners recounted gang violence, rapes and beatings.

Violence and abuse are not inevitable, but the majority of prisons and many jails nationwide hold more people than they can accommodate safely and effectively, creating a degree of disorder and tension almost certain to erupt into violence.

Because lawmakers have reduced funding for programming in the country's prisons and jails, inmates are largely inactive and unproductive.

The increasing use of high-security segregation is counterproductive, often causing violence inside facilities and contributing to recidivism after release. People who pose no threat and those who are mentally ill are ''languishing for months or years'' in high-security units and supermax prisons.

Better safety inside prisons and jails depends on changing the institutional culture, which cannot be accomplished without enhancing the corrections professional at all levels. Because the exercise of power is a defining characteristic of correctional facilities, there is a constant potential for abuse.

The report will be presented today at a hearing of the Senate Judiciary subcommittee on crime, corrections and victims' rights.

EVIDENCE OF SUCCESS IN A SMALL HARLEM COMMUNITY HOSPITAL

HON. CHARLES B. RANGEL

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 28, 2006

Mr. RANGEL. Mr. Speaker, I rise today to praise the successful financial restructuring of the North General Hospital, a small community hospital located in Harlem that caters to the neighborhood's vast majority of poor and elderly members. North General Hospital was founded in 1979 and since then, because of the uninsured population it serves who use the hospital for its primary care needs, it had been suffering from severe losses that threatened the hospital's success. However, last year, Dr. Samuel Daniel, North General's Chief Executive and his team launched a plan for a complete transformation that has since proved to be an absolute success.

I would like to enter into the RECORD an article by Rafael Gerena-Morales from the June 22nd, 2006 edition of the Wall Street Journal entitled, How a Harlem Hospital Healed Itself. This article tracks the success of North General Hospital as well as the positive outlook for the future of this promising health care center. According to Gerena-Morales, the strategy pursued by the hospital's Chief Executive and his team has been so successful that the hospital went from a nearly $20 million dollar loss in 2003 to a $2.6 million dollar surplus in 2005.

These achievements are even more appreciated when taking into account the challenges that the hospital has faced since its establishment. North General has always struggled with low government reimbursement rates and it treats a community with a high percentage of uninsured patients who cannot pay their medical bills. Furthermore, the hospital historically provided mainly low-margin routine checkups and physical exams, since it did not possess the resources to pay for high-priced medical specialists.

All this changed when North General began to focus more on treating diseases that afflicted Harlem residents in high rates such as cardiovascular problems, hypertension, obesity, diabetes and infant mortality. By offering surgical procedures to treat these illnesses, North General was able to attract more patients and expand its revenue. Additionally, it began to promote its services at community health fairs, further inviting patients to the small hospital. North General Hospital appealed to the need for emergency care by adding ambulances that brought more Harlem residents to its emergency room.

Another key to success was in the partnership established with Mount Sinai Medical Center located only one mile away from North General Hospital. Mount Sinai is one of New York's most prominent teaching hospitals, and with its alliance, North General has been able to expand the services it offers on campus by gaining access to 16 Mount Sinai specialist doctors who perform vascular surgery, lung biopsies, urology, radiology, and pediatric psychiatry.

All in all, this small community hospital embodies the example of a successful health care institution that truly cares for its own. Surely, the health of Harlem residents will benefit greatly from the achievements of North General Hospital, and this hospital remains a source of hope for other small hospitals hoping to make a difference in their own communities.

[From The Wall Street Journal, June 22, 2006]

HOW A HARLEM HOSPITAL HEALED ITSELF

(By Rafael Gerena-Morales)

Since its founding in 1979, North General Hospital, a small community hospital in Harlem that caters to the poor and elderly, had always lost money—until last year.

That's when the hospital's 2-year-old turnaround plan started to pay off. The strategy was so successful that the hospital's bottom line swung to a $2.6 million surplus in 2005 from a nearly $20 million loss in 2003. The hospital anticipates another $2 million surplus this year.

How North General, a 200-bed hospital located in a predominately black and Latino neighborhood, fixed its finances ''sounds like a business-school case study,'' says Liz Sweeney, who covers the New York state hospital industry for Standard & Poor's, the credit-ratings service.

Struggling with low government reimbursement rates and mainly providing low-margin routine checkups and physical exams, Samuel Daniel, North General's chief executive since 2001, says he and his management team plotted a strategy to tackle a tough question: ''How do we turn the hospital around?''

Among the answers: North General focused more on treating ailments that afflicted Harlem residents in high rates, including cardiovascular problems, hypertension, obesity, diabetes and infant mortality. It offered additional surgical procedures that brought in

additional revenue. It promoted its services at neighborhood fairs and community centers. It struck an alliance with a nearby prominent medical center that gave North General patients access to more specialty care.

Running an inner-city hospital has long been financially draining. Such hospitals lack the money and cutting-edge equipment to compete against larger hospitals. They lose top recruits to prominent teaching hospitals. Low-income communities tend to have a higher percentage of uninsured patients who can't pay their medical bills or are covered by government health plans that typically pay less for medical services than private insurers. And low-income patients frequently bolt to hospitals in affluent areas when they need specialty care.

North General faces these obstacles, yet its plan is working. From 2002 to 2005, the number of patient discharges jumped 40 percent to nearly 9,000, and is expected to climb to 9,225 this year, according to the hospital. Outpatient volume between 2002 and 2005 rose 32 percent to 95,746 visits, and 103,520 visits are expected this year.

During the 3-year period to 2005, North General's revenue rose 45 percent, boosted by higher patient visits, including surgical procedure volumes that jumped nearly 20 percent. This year, North General estimates revenue will rise 2.7 percent to $152 million from $148 million last year. North General is paid in large part by government health plans, such as Medicare and Medicaid, and to a lesser extent by private insurers.

But before offering any new services, North General had to confront a major problem: attracting higher-skilled surgeons. ''We needed the technical know-how,'' Dr. Daniel says.

The hospital couldn't afford to hire these surgeons, so Dr. Daniel tried another route: He forged an alliance with the Mount Sinai Medical Center, one of New York's most prominent teaching hospitals located just a mile away from North General. (In addition to his North General duties, Dr. Daniel is an associate clinical professor of medicine at Mount Sinai's medical school.)

He approached Mount Sinai's president and CEO, Kenneth L. Davis, and the two men agreed that both hospitals could benefit from a collaboration. Within 90 days, the hospitals reached an agreement that took effect in January of 2004.

North General pays Mount Sinai an annual $2.7 million and in return gains access to 16 Mount Sinai doctors who perform vascular surgery, lung biopsies, and other highly specialized services on North General's campus. Mount Sinai also provides specialists in urology, rheumatology, radiology, and pediatric psychiatry. North General receives the revenue from these services. In a separate agreement, North General and Mount Sinai have teamed up to provide free preventive care to Harlem residents with chronic illnesses in exchange for higher Medicaid reimbursement rates at its outpatient clinic. (The arrangement has benefited both Mount Sinai and New York state.

Contracting these specialists costs less than if the hospital hired the doctors on its own, says Michael Greene, North General's chief operating officer. The contract also gives North General staffing flexibility because it can ask Mount Sinai to send specialists for extra hours as more patients come in for these specialty services. This helps North General control labor costs by linking a doctor's work hours to patient volumes.

For Mount Sinai, the deal boosts the hospital's revenue and brings in patients. Last year, North General transferred roughly 375 patients to Mount Sinai for cardiology, neurosurgery and obstetrics services. As a teaching hospital handling complex cases, Mount Sinai ''needs community hospitals as referral sources,'' Dr. Davis says.

In 2004, North General began offering bariatric, or weight-loss, surgery, in which a surgeon staples off a section of a patient's stomach, leaving a tiny pouch that absorbs less food. Last year, North General performed 109 such surgeries and it expects to perform 125 this year. Medicare and Medicaid typically pay North General $10,000 to $12,000 per bariatric surgery, though a complicated procedure can bring in as much as $20,000. Last year, the bariatric surgery program generated $725,000 in revenue and a $25,000 profit, according to Frank Hagan, North General's chief financial officer.

Since many emergency-room patients were being sent to hospitals in other neighborhoods, North General added ambulances in 2002 and 2004 that brought more Harlem residents through its emergency room—thus boosting revenue. Emergency-room visits jumped 16% to nearly 34,450 in 2005 compared with 2002. North General estimates that roughly eight out of 10 patients who are admitted to the hospital stem from emergency-room visits.

North General recognized that infant mortality is a health problem that looms large in the Harlem community. In August 2004, the hospital opened the Women's Health Center in a separate building that handled nearly 4,000 visits last year. The center offers a prenatal program with services that include ultrasound, nutritional counseling and social work. While the center isn't yet profitable, North General says female patients who are treated at the center are more likely to bring family members to North General for other medical care.

Last year, the hospital expanded its AIDS center and opened a new cardiac-catheterization laboratory that checks patients for clogged arteries, a precursor to heart trouble. The profitable AIDS center, which is promoted in Harlem through brochures, open-house events and free HIV testing at local health fairs, handled more than 6,400 visits in 2005 and projects roughly 7,250 visits this year.

Since opening in December, the catheterization laboratory has handled 152 visits, and projects 300 cases for 2006. North General markets the lab's services to primary-care physicians and cardiologists.

Henock Saint-Jacques, a North General cardiologist, says he used to refer patients to other hospitals for exams, but he estimates as many as 30 percent of patients wouldn't make the trip. ''Those problems started to fade away'' once North General opened its cardiac lab, he says. ''This has improved the quality of care.''

IN SUPPORT OF THE UNITED NATIONS

HON. CHARLES B. RANGEL

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 28, 2006

Mr. RANGEL. Mr. Speaker, I rise today in support of Mr. Mark Malloch Brown, the Deputy Secretary-General of the United Nations. In a recent speech on ''Power and Super-Power: Global Leadership in the Twenty-First Century'' at the Century Foundation and Center for American Progress in New York, on the 6th of June, Mr. Brown criticized the U.S. government for its lack of support given to the United Nations. In his speech he claims that the U.S. in the eyes of the rest of the world has ignored our commitment to the U.N., allowing divisive issues such as the Iraq War to break up a partnership which since the founding of the U.N. has mutually benefited the U.S. and the U.N.

Historically, the U.N. was designed through U.S. leadership and other nations who emerged from World War II with the realization that there must be a vehicle to encourage the promotion of peace and provide collective security to all nations with the goal of promoting global values such as human rights and democracy. Today, the U.N. fields 18 peacekeeping operations around the world, from the Congo to Haiti, Sudan to Sierra Leone, Southern Lebanon to Liberia. Unfortunately, the U.N.'s ability to respond to the world's challenges is being weakened without U.S. leadership.

The speech identifies several key issues that have exacerbated the tension between the U.S. and the U.N. First, The U.N. is currently renovating the dilapidated U.N. Headquarters in New York. Ironically, the government not fully supporting this project is the U.S. Also, the U.N. is undergoing specific reform. This reform comes in many forms from the creation of a new Ethics Office and a whistle-blower policy, to the establishment of a new Peacebuilding Commission and Human Rights Council. Although the U.S. championed such reform, our endorsement has provoked more suspicion than support.

The U.N. will play a larger role in maintaining security around the world. No country can afford to neglect the global institutions needed to manage it. As such, the U.S. needs to be more supportive of the U.N. as a vehicle around which an international consensus can be formed to promote peace, social and economic development. America's leaders must again recognize that the U.N. matters. Ultimately, as America continues to address concerns in countries like Sudan, Iraq and Afghanistan, it should recognize that it needs the U.N. to provide an effective multilateral response that will have international legitimacy and support.

Mr. Speaker, I call upon my colleagues in the House to encourage more open collaboration and engagement between the U.S. and the U.N.

SPEECH BY U.N. DEPUTY SECRETARY-GENERAL MARK MALLOCH BROWN

Thank you for allowing me to speak to you today on Power and Global Leadership. I often get asked to talk about leadership, but rarely about power. I wonder why.

With that thought as my starting point, I am going to give what might be regarded as a rather un-U.N. speech. Some of the themes—that the United Nations is misunderstood and does much more than its critics allow—are probably not surprising. But my underlying message, which is a warning about the serious consequences of a decades-long tendency by U.S. Administrations of both parties to engage only fitfully with the U.N., is not one a sitting United Nations official would normally make to an audience like this.

But I feel it is a message that urgently needs to be aired. And as someone who has spent most of his adult life in this country, only a part of it at the U.N., I hope you will take it in the spirit in which it is meant: as a sincere and constructive critique of U.S. policy towards the U.N. by a friend and admirer. Because the fact is that the prevailing practice of seeking to use the U.N. almost by stealth as a diplomatic tool while failing to stand up for it against its domestic critics is